




FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90017 039 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005744			
1. Entity Name AVON PARK HOUSING DEVELOPMENT CORPORATION			
Principal Place of Business 21 TULANE DRIVE AVON PARK, FL 33825		Mailing Address 21 TULANE DRIVE AVON PARK, FL 33825	
2. Principal Place of Business 21 TULANE DR. Suite, Apt. #, etc.		3. Mailing Address P O BOX 1327 Suite, Apt. #, etc.	
City & State AVON PARK FL.		City & State AVON PARK, FL	
4. FEI Number 51-0499312		Applied For Not Applicable	
Zip 33826	Country HIGHLANDS	Zip 33825	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILMORE, RICARDO L. 201 E KENNEDY BLVD., STE. 600 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name LARRY P. SHOEMAN Street Address (P.O. Box Number is Not Acceptable) 21 TULANE DR. City Sebring FL Zip Code 33825	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable		DATE 7/18/06 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, LESTER A 1002 S WALDRON AVE AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRIN, MARIAN 313 DOVE STREET SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLDHAM, ALICE 21 TULANE DRIVE AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Larry Shoeman 21 Tulane Dr, Avon Park, Fl. 33825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MINNETTE 1713 LAKE LOTELA DR AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVLIN, PAUL M 315 TULANE CIR. AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, RAY 36 DELANEY HEIGHTS AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deborah Yeggy 516 W. Cixle Street AVON PARK, FL 33825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: LARRY P. SHOEMAN 7/18/06 863-452-4432 Date Daytime Phone #	

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